



FEDERAL IDENTIFICATION NO: \_\_\_\_\_

NHES EMPLOYER ACCOUNT NO: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

EMPLOYER TELEPHONE No : (     ) \_\_\_\_\_

EMPLOYER FAX No : (     ) \_\_\_\_\_

EMPLOYER CONTACT PERSON : \_\_\_\_\_



## NEW HIRE REPORTING FORM

RETURN TO: NHES -NEW HIRE PROGRAM

PO Box 2092

CONCORD NH 03302-2092

FAX (603) 224-0825

**Note:** For "Type of Hire" write "**W**" for W-2 EMPLOYEE  
or "**I**" for 1099 INDEPENDENT CONTRACTOR

<u>SOCIAL SECURITY NO</u>	<u>EMPLOYEE NAME</u>	<u>ADDRESS</u> (NOT PO BOX)	<u>CITY/TOWN</u>	<u>STATE</u>	<u>ZIP</u>	<u>DATE</u> <u>OF</u> <u>HIRE</u>	<u>WORK</u> <u>STATE</u>	<u>TYPE OF</u> <u>HIRE</u> "W" OR "I"
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*Note: All new hires must be reported within **20** days of the date hired.  
The date of hire is the **first** day the individual performs services for you*